

form of medicated pessaries, particularly zinc and lead ointment, &c., as simple emollients; mercury and iodine as discutients (and particularly the iodide of lead); tannin, alum, and catechu, as astringents; opium, belladonna, &c., as anodynes. The pessaries were made of the size of walnuts, and could be easily introduced by the patients themselves; one or two in the twenty-four hours. They were composed of the medicine used, mixed up in the form of an ointment, and brought to a requisite degree of consistence with one or two drachms of yellow wax to the ounce of ointment. Messrs. Duncan and Flockhart, druggists, had found the following proportions requisite in the subjoined forms, (those in most frequent use in Edinburgh;) and they might serve as models for the others. After being made up in the proper form, they were usually coated by the druggists with a firmer covering, by dipping them into an ointment made up with wax and resin, kept liquid by heat. About an ounce of the different ointments made four balls.

1. *Zinc Pessaries*.—R Oxydi zinci ʒj; Ceræ albæ ʒj; Axungiæ ʒvj. Misce, et divide in pessos quatuor.

2. *Lead Pessaries*.—R Acet. plumbi. ʒss; Ceræ albæ ʒiiss; Axungiæ ʒvj. Misce.

3. *Mercurial Pessaries*.—R Unguent. hydrarg. fort. ʒij; Ceræ flavæ ʒij; Axungiæ ʒss. Misce.

4. *Iodide of Lead Pessaries*.—R Iodidi plumbi. ʒj; Ceræ flavæ ʒv; Axungiæ ʒvj. Misce.

5. *Tannin Pessaries*.—R Tanninæ ʒij; Ceræ albæ ʒv; Axungiæ ʒvj. Misce.

6. *Alum and Catechu Pessaries*.—R Sulph. aluminis ʒj; Pulv. catechu ʒj; Ceræ flavæ ʒi; Axungiæ ʒvss. Misce.

7. *Belladonna Pessaries*.—R Extr. belladonnæ ʒij; Ceræ flavæ ʒiiss; Axungiæ ʒvi. Misce.—*Month. Journ. and Ret. Med. &c.*, June 1848.

78. *Plaster Belt in Abdominal Tumours*. By Dr. SIMPSON. (Proceedings of Edinburgh Obstetric Society).—Dr. Simpson stated, that patients affected with pediculated ovarian tumours, large fibrous tumours of the uterus, &c., often suffered from the morbid masses being loose and mobile, and impinging on the bladder, &c., in different positions of the body. Patients sometimes instinctively applied their hands to the tumours, under such circumstances, to steady and fix them. In these cases different means had been tried, with the view of preventing the tumours rolling and moving—such as various bandages, air-pads of Mackintosh cloth, &c. The best and simplest means, however, consisted in surrounding the whole trunk with a continuous belt of lambskin or chamois leather, eight or ten inches deep, and shaped and sewed so as carefully and exactly to fit the loins and lower part of the abdomen of the patient, like a common abdominal bandage, and embossed in front so as to contain and include, as in a bowl or cup, the protuberant portion or portions of the tumour. To fix the belt, its interior was spread with a plaster composed of one part of adhesive to two parts of soap plaster. It generally gave the patient much relief; abated the feelings of abdominal weight and pressure and pain in the back; held the tumour steady; and could be applied so as even to compress it. In other cases where no tumours were present, but the abdominal parietes and contents were relaxed, or the spine weak, the same form of plaster often afforded a great degree of comfort and relief, and enabled patients to take exercise, &c., when, otherwise, they could not without fatigue and suffering. They generally required to be removed and renewed every four or six weeks.—*Ibid.*

79. *Employment of Chloroform in Midwifery*.—Dr. SIMPSON gave a long report and detailed communication on the employment of chloroform in midwifery, stating that he had used it constantly, and with the best results, in his own practice since November; mentioning the rules required to be attended to in its exhibition; answering the supposed objections to its use, &c. &c. He read numerous communications and reports regarding its employment, from Dr. Grigor of Nairn, Professor Dyce of Aberdeen, Mr. Lawrence of Montrose, Dr. Paton of Dundee, Dr. Anderson of Glasgow, &c. &c., showing that a great number of persons had been already successfully delivered without pain or suffering under the use of chloroform during the last six months.

*Drs. Moir, Malcolm, Leith, Carmichael, &c.*, stated to the Society, some verbally,

and others in writing, the uniform and successful results which they had met with, employing it, as they did, constantly in their practice, and in all cases of labour.

*Mr. Crisp* of London stated, that though a stranger, he was induced to rise were it for no other purpose than to say that, after having attended the meetings of many a medical Society, he had never till to-night seen one that was unanimous in opinion on any topic. He had come to Edinburgh a fortnight ago, and now entertained a totally different opinion about chloroform from what he did when he arrived; for he had now seen it constantly and most successfully employed in the hospital and elsewhere. At the same time, although this had been the result of additional experience on his own mind, he was not disposed to blame, but, on the contrary, to commend the skepticism which had been shown by many most eminent men in London and elsewhere, on this subject, which he thought was no more than justified in relation to an agent of such a novel kind, and so important in its practical application. He believed that this skepticism had not its origin in any exclusive or bigoted feeling, but would be overcome as soon as the facts came to be as well known in London as they are in Edinburgh.

*Dr. Bennett* considered it probable, that one of the reasons chloroform was not much used out of Edinburgh, was the impurity of the article administered. It was not long ago that *Dr. Clay* of Manchester stated to the Society, that although he had frequently seen it given in that town, he had never witnessed its proper effects produced until he came to Edinburgh. *Mr. Crisp* from London had just made a similar statement. *Dr. G. Wilson* had lately informed him, that even the chloroform manufactured in Edinburgh was not so pure as it might be, and that he had lately purified some which produced the full effect more rapidly, and with a smaller quantity, than that in ordinary use. He (*Dr. B.*) conceived that the purity of the chloroform was not sufficiently attended to by those who had tried it, and that those who would not, had better, like *Dr. Clay* and *Mr. Crisp*, come and see it given in Edinburgh.

*Dr. Simpson* observed, that he believed the want of success in England was owing also to another cause. From what he had learned, he was quite convinced that our English brethren, in using chloroform, often stopped altogether at that point which really constituted the true commencement of the effects of the inhalation. Immediately before the chloroform produced anæsthesia, more especially if there was any noise or disturbance, it not unfrequently excited the patient, who would talk incoherently for a moment or two, beg the inhalation to be suspended, perhaps struggle to get free from it, and have his arms and legs thrown into a state of strong clonic spasms. In Edinburgh, we all sufficiently know that these symptoms indicate merely that the patient is about to come under the full influence of the vapour, and that, in a minute or so, these symptoms will pass, and he will immediately be completely anæsthetic and completely unconscious. But in England these premonitory symptoms seem to have been often regarded as very alarming, and all attempts at further inhalation stopt, exactly where and when the dose of the vapour should have been increased. And in the English journals such cases have been repeatedly and gravely recorded as instances of delirium, and spasms, and convulsions, and failure. They are not more anxious, or deserving of attention, than the same symptoms would be in a case of hysteria, and are quite transient if the inhalation is only persevered in. *Dr. Simpson* added, that now, amongst many hundred patients, he had never yet met with one instance in which any person was insusceptible of the full effects of the chloroform. He knew that the experience of many of his brethren around him went to the same effect. Nor, in any one case, had he seen any marked bad effect from the full use of the chloroform. Deaths will occur after operations, and sometimes even during them; but every death during an operation was not, as some of late in the south have argued, from chloroform. A gentleman near him, *Dr. Paterson*, some weeks ago opened with his lancet a large abscess in a child's neck. There was no hemorrhage; but in a minute or two, at most, after the incision was made, the child was dead. An English jury might possibly have anxiously tried to bring it in as a case of death, probably from chloroform. But it certainly was not so, for the very simple reason, that no chloroform whatever was used, the incision being considered too slight to require it. *Dr. Simpson* asked Professor Miller and *Dr.*

Duncan to state the extent to which they used chloroform in their public and private surgical practice.—*Proceedings of Medico-Chirurgical Soc. of Edinburgh*, in *Month. Journ.*, July, 1848.

80. *Case of Retention of a Fetus in the Uterus for Eleven Years.* By Dr. VONDERFER.—This woman was forty-nine years of age, and had already borne two children. She was busily threshing corn, when she was seized with violent pains in the back, resembling those of labour. After they had continued for two hours the waters broke, and were discharged. For fourteen days she lay almost entirely upon her knees and elbows. At the end of this time the pains had almost ceased, but still in lying on her back she kept her knees well drawn up. Three weeks afterwards she was seized with a flooding, which was easily stopped. After this, there was a constant fetid discharge from the vagina, which continued more or less for eleven years, and occasionally some foetal bones were discharged with great pain. During most of this time the woman was able for her work, and in good health. At the end of eleven years she was again forced to betake herself to bed, and she died, after some time, with the symptoms of purulent infection. On dissection, the uterus was found adhering to the anterior wall of the abdomen, and it contained the remains of the putrefied fetus, along with its numerous bones. *Month. Retrospect*, Dec., 1848, from *Schmidt's Jahrbucher*, Nov. 9, 1848.

81. *Case of Spontaneous Amputation of the Forearm, and Subsequent Rudimentary Regeneration of the Hand of the Fetus.* (*Proceedings of Edinburgh Obstetric Soc.*)—Dr. SIMPSON showed the society a girl, aged eleven, who had been born wanting the left upper extremity from a short way below the elbow-joint. The arm of this side was of the natural size and form; but the forearm consisted merely of a stump about two inches long. It had all the appearance of having been amputated about the union of its upper and middle third, the surface having subsequently healed over in a very perfect manner. No appearance of cicatrization was visible except over the ends of the two bones, where the skin was puckered and drawn in in an umbilical form. Midway between, and a little in front of these two points, was a raised cutaneous tubercle, divided on the surface into five minute nodules, on two of which small points of nail could be detected. This projection Dr. Simpson stated various reasons for believing to indicate an effort of nature to replace the lost portion of the limb,—he considered it to be in fact a rudimentary hand, and a curious illustration of the power of regeneration of even compound parts in the embryo and fetus in utero.

Dr. Simpson showed a great number of casts and drawings of other similar cases. The general resemblance of the cases to each other was very remarkable. In all, the amputation seemed to have happened at precisely the same situation; in all, the cicatrices over the ends of the two bones were well marked; and in all, there was a more or less marked indication of an attempt of reproduction of the lost portion of the member.

Dr. Simpson also showed, as an illustration of the mechanism or production of spontaneous amputations, a child born in the Maternity Hospital recently, whose fingers and toes were in several parts semi-amputated by bands of coagulable lymph or false membrane—the result of inflammation of the cutaneous surface of the fetus. The bands still existed at some points. There were the following deformities:—

In the *right* hand, the second, third, and fourth fingers were joined together laterally, in a somewhat conical mass. The index finger, the longest, ended in a transversely furrowed tuberculated mass. To the index was joined the fourth or ring finger at its apex, and, filling up the triangular interval between them, lay the third finger, having only the remains of one phalanx. The fifth or little finger ended abruptly at about the middle of its length, and had an osseous nodule representing the second phalanx. On its apex is a small crack, and a long dry filament is attached. All the fingers of the *left* hand presented circular constrictions of inconsiderable depth over their first phalanges. In addition, the fourth or ring finger seemed merely to possess a remnant of the second phalanx, and then abruptly terminated in a constricted tubercle. The *right* foot was normally formed.